## Form **8871**(July 2000)

Political Organization Notice of Section 527 Status

OMB No. 1545-1693

| Department of the national Revenue      |                                       |  |                    |             |                             | • .                 | OND 110. 1545-1655                    |
|---|---------------------------------------|--|--------------------|-------------|-----------------------------|---------------------|---------------------------------------|
| Part I                                  |                                       | I Information  |                    | ·           | ·                           |                     |                                       |
| 1 Name                                  | of organiz                            | ation  | 1 1 1              |             |                             | Employ              | er identification number              |
| <u> </u>                                | KIEN                                  | MOS OF P   | LACHE              | <u>-</u>    |                             | 91                  | 2065451 V                             |
| 2 Mailin                                | g address                             | (P.O. Box or number  | , street, and room | or suite nu | mber)                       |                     | _                                     |
|   |                                       | te, and ZIP code   | 0.5                |             | rold . I                    |                     | •                                     |
| J., J                                   | 2A1                                   | INE  | WI                 |             | 55701                       |                     | •                                     |
| 3 E-mail                                | address o                             | of organization  | 7-                 |             |                             |                     |                                       |
| 4a Name                                 | of custodi                            | an of records  | 4                  | 4b Custo    | dian's address              |                     | 4                                     |
| Dou                                     | 9 Dr                                  | esen   |                    | •••••       | dian's address Cle          |                     | Sil                                   |
|   | •                                     |  | ĺ                  | •           | Racire                      | JW/ 5               | 3405                                  |
| ia Name                                 | of contact                            | person   |                    | 5b Conta    | ct person's address         | 1                   | 1 1                                   |
| P                                       | hylli                                 | person<br>S DVE Se   | n                  |             | 2015 Cle                    | ve/and              | Ave                                   |
| 1                                       | ı                                     |  |                    |             | DALING                      | بسيم ال             | 7/1/                                  |
| . D                                     |                                       |  | 155                |             | KACINE                      | $\frac{W}{S}$       | 5405                                  |
| Busine                                  | ess addres                            | /t / / L   | merent from maili  | ng address  | shown above). Number, stree | ≱t, and room or sui | te number                             |
| City or                                 | r town, sta                           | te, and ZIP code   | NA.                |             |                             |                     |                                       |
| Part II                                 | Purpos                                | e  |                    |             |                             |                     | <del></del>                           |
| Descril                                 | be the pun                            | oose of the organizat  | ion                |             |                             |                     |                                       |
|   |                                       |  | <b>,</b>           |             |                             | А.                  | ******************************        |
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| art III                                 | List of                               | All Related Enti   | ities (see instr   | uctions)    |                             |                     | *****                                 |
|   | of related                            |  | 8b Relationship    |             | 8c Address                  |                     |                                       |
|   | . 1                                   | Λ  |                    |             | -                           |                     |                                       |
|   |                                       | $\Delta$   |                    |             |                             |                     | <b></b>                               |
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| -                                       | UCU                                   | EN, UT   |                    |             |                             |                     |                                       |
|   |                                       | Section of Section 1 Married Committee of Section 11 Married 1 Mar |                    |             |                             |                     |                                       |
| r Paperwo                               | ork Reduc                             | tion Act Notice, see   | page 4.            |             | Cat. No. 30405V             | ·                   | Form <b>8871</b> (7-2000)             |
|   |                                       | ,  | - <del>-</del>     |             |                             |                     |                                       |





| 9a Name                           | 9b Title                             | mpensated Employees (see instructions)  9c Address  |
|-----------------------------------|--------------------------------------|---|
| Doug Dresen                       | Treasurer                            | 2015 Cleveland Are<br>Ractive WI 53405  |
|                                   |                                      | haerre WI 53405   |
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| Revenue Code, and that I have     | examined this notice, including acco | Part I is to be treated as an organization described in section 527 of the Intermpanying schedules and statements, and to the best of $my$ knowledge and beli |
| it is true, correct, and complete | <del>.</del> .                       | 71 1  |
| gn Figurature of authorized       | <u>cle</u>                           | 0 # / 3 1 / 0 0   |
| ere                               | onciai                               | ₹ Date  |

